BSACI
Improving Allergy Care
through education, training and research

Key points for Primary Care on investigation of suspected anaphylaxis during anaesthesia (National Audit Project for Perioperative Anaphylaxis, 2018)

- All patients with suspected anaphylaxis during anaesthesia should be referred to a centre with the experience and ability to investigate reactions.

- The referral should be sent by an anaesthetist, who can send accurate records of events, drugs administered, timings and acute tryptase levels.

  The unit will request the anaesthetic record from hospital, helpful if General Practitioners (GP) includes any other relevant PMH or previous suspected drug problems.

- Antibiotics and neuromuscular blocking agents (NMBAs) are the most common causes of anaphylaxis during anaesthesia followed by Chlorhexidine, Patent Blue, opioid analgesics, non steroidal anti-inflammatory drugs (NSAIDS), colloids, latex and other drugs.

- Reactions can be IgE mediated or non IgE mediated.

- GPs should receive a report showing which drugs /agents are likely to be safe for future use.

- An alert-bracelet should be recommended to the patient, and the allergy centre should indicate the words to be inscribed.

- A drug allergy alert must be added to the patient's records.

- Skin prick tests, specific IgE blood tests and sometimes intradermal tests and drug challenges are needed, although clinical diagnosis, exclusion of other potential causes and oral challenge may be the only way of determining the cause of some reactions e.g. non IgE mediated reactions to NSAIDS or opioids. Advise the patient that the investigation can be complex and they may need a few appointments to rule out different causes or a long initial appointment.

- Some drugs are irritant and difficult to spt.

- An elevated serum tryptase at the time of an event (peaks within 1 hr) indicates anaphylaxis – mast cell activation has occurred.
  (positive predictive value 93%, negative predictive value 54%)

J. Walsh 2017, updated 2020